

# Request for Assistance



## Claimant

CLAIM NO. \_\_\_\_\_ Date of birth \_\_\_\_\_ Date of injury \_\_\_\_\_

Family name \_\_\_\_\_  
TITLE SURNAME

First name(s) \_\_\_\_\_

If known by another surname, please state \_\_\_\_\_

Phone No. \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

List any expenses, allowances or other entitlements that you are claiming for and the costs (if known) .....  
.....  
.....  
.....

Attach any accounts, receipts or other proof that you have to support your claim.

## Payment Details

Wellnz will pay by direct credit into your bank account. Please complete your bank account details below:

Bank Account Number: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

We will need to verify your bank details for your first reimbursement. Your Case Manager will send you the relevant form, if we don't already have this set up, or you can select and complete the 'Bank Details Form' located on the Wellnz website.

## Claimant Declaration

CLAIMANT TO SIGN HERE ..... DATE...../...../.....

Email this completed form and receipts to: Case Manager or [enquiries@wellnz.co.nz](mailto:enquiries@wellnz.co.nz)  
OR  
Post this completed form with receipts to: Wellnz, PO Box 3096, Auckland, 1140